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## **HOUSE BILL No. 5626**

June 4, 2014, Introduced by Rep. Olumba and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled

"Public health code,"

(MCL 333.1101 to 333.25211) by adding sections 17019, 17519, 20187, and 21418.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- SEC. 17019. (1) AT THE TIME A PHYSICIAN INFORMS A PATIENT OF
- THE RESULTS OF A PRENATAL TEST THAT HAS DETECTED A LIFE-LIMITING
- 3 CONDITION, THE PHYSICIAN OR A QUALIFIED PERSON ASSISTING THE
- PHYSICIAN SHALL DO ALL OF THE FOLLOWING:
- (A) MAKE AVAILABLE TO THE PATIENT REFERRAL INFORMATION FOR
  - PERINATAL HOSPICE CARE OFFERED BY A PERINATAL HOSPICE PROGRAM

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- 1 CERTIFIED BY THE DEPARTMENT UNDER SECTION 21418.
- 2 (B) INFORM THE PATIENT THAT THIS STATE, PURSUANT TO SECTION
- 3 2834, RECOGNIZES THE DEATH OF A FETUS THAT HAS COMPLETED AT LEAST
- 4 20 WEEKS OF GESTATION OR WEIGHS AT LEAST 400 GRAMS WITH A
- 5 CERTIFICATE OF STILLBIRTH.
- 6 (2) AT THE TIME A PHYSICIAN INFORMS A PATIENT OF THE RESULTS
- 7 OF A PRENATAL TEST THAT HAS DETECTED A PRENATALLY DIAGNOSED
- 8 CONDITION, THE PHYSICIAN OR A OUALIFIED PERSON ASSISTING THE
- 9 PHYSICIAN SHALL PROVIDE THE FOLLOWING:
- 10 (A) UP-TO-DATE AND SCIENTIFICALLY ACCURATE INFORMATION ON
- 11 HEALTH OUTCOMES, INCLUDING CLINICAL COURSE, LIFE EXPECTANCY,
- 12 DEVELOPMENT POTENTIAL, AND QUALITY OF LIFE FOR INDIVIDUALS WITH THE
- 13 PRENATALLY DIAGNOSED CONDITION.
- 14 (B) INFORMATION ON EARLY INTERVENTION SERVICES FOR THE
- 15 FUNCTIONAL DEVELOPMENT AND EDUCATION OF A CHILD BORN WITH A
- 16 PRENATALLY DIAGNOSED CONDITION, INCLUDING, BUT NOT LIMITED TO,
- 17 REFERRAL INFORMATION FOR "EARLY ON MICHIGAN".
- 18 (C) REFERRAL INFORMATION FOR PEER SUPPORT GROUPS INCLUDING,
- 19 BUT NOT LIMITED TO, SUPPORT GROUPS FOR PARENTS OF CHILDREN WITH THE
- 20 PRENATALLY DIAGNOSED CONDITION AND ADVOCACY ORGANIZATIONS FOR
- 21 INDIVIDUALS WITH THE PRENATALLY DIAGNOSED CONDITION.
- 22 (D) REFERRAL INFORMATION FOR ADOPTION INCLUDING ADOPTION
- 23 AGENCIES THAT PLACE CHILDREN WITH PRENATALLY DIAGNOSED CONDITIONS
- 24 AND ORGANIZATIONS THAT MAINTAIN REGISTRIES OF FAMILIES WHO WISH TO
- 25 ADOPT CHILDREN WITH PRENATALLY DIAGNOSED CONDITIONS.
- 26 (3) AS USED IN THIS SECTION:
- 27 (A) "LIFE-LIMITING CONDITION" MEANS A MEDICAL CONDITION

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- 1 IDENTIFIED BY PRENATAL DIAGNOSTIC TESTING THAT WILL, WITH
- 2 REASONABLE CERTAINTY, RESULT IN THE DEATH OF THE CHILD EITHER
- 3 BEFORE BIRTH OR WITHIN 1 YEAR AFTER BIRTH.
- 4 (B) "PERINATAL HOSPICE CARE" MEANS THAT TERM AS DEFINED IN
- 5 SECTION 21418.
- 6 (C) "PRENATALLY DIAGNOSED CONDITION" MEANS A MEDICAL CONDITION
- 7 IDENTIFIED BY PRENATAL DIAGNOSTIC TESTING THAT WILL EITHER
- 8 TEMPORARILY OR PERMANENTLY REQUIRE MEDICAL TREATMENT OR OTHER
- 9 SUPPORT SERVICES AFTER BIRTH BUT WILL NOT, WITH REASONABLE
- 10 CERTAINTY, RESULT IN THE DEATH OF THE CHILD WITHIN 1 YEAR AFTER
- 11 BIRTH.
- 12 (D) "QUALIFIED PERSON ASSISTING THE PHYSICIAN" MEANS THAT TERM
- 13 AS DEFINED IN SECTION 17015.
- 14 SEC. 17519. A PHYSICIAN SHALL COMPLY WITH SECTION 17019.
- 15 SEC. 20187. A HEALTH FACILITY OR AGENCY THAT PROVIDES
- 16 OBSTETRIC CARE AND THAT PROVIDES SOCIAL WORK OR CHAPLAINCY SERVICES
- 17 IN CONJUNCTION WITH ITS HEALTH SERVICES SHALL PROVIDE ITS SOCIAL
- 18 WORKERS AND CHAPLAINS, AS APPROPRIATE, WITH INFORMATION ABOUT
- 19 PERINATAL HOSPICE PROGRAMS CERTIFIED BY THE DEPARTMENT UNDER
- 20 SECTION 21418.
- 21 SEC. 21418. (1) THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING:
- 22 (A) ESTABLISH CRITERIA FOR CERTIFYING AS A PERINATAL HOSPICE
- 23 PROGRAM A HOSPICE THAT PROVIDES PERINATAL HOSPICE CARE. IN
- 24 ESTABLISHING CRITERIA FOR THE CERTIFICATION OF A PERINATAL HOSPICE
- 25 PROGRAM, THE DEPARTMENT MAY REFERENCE EXISTING CRITERIA ESTABLISHED
- 26 BY RECOGNIZED MEDICAL AUTHORITIES OR ASSOCIATIONS THAT SPECIALIZE
- 27 IN HOSPICE CARE.

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- 1 (B) ACCEPT AND REVIEW APPLICATIONS FOR CERTIFICATION FROM A
- 2 HOSPICE SEEKING CERTIFICATION AS A PERINATAL HOSPICE PROGRAM. IF
- 3 THE DEPARTMENT REJECTS AN APPLICATION FOR CERTIFICATION OF A
- 4 PERINATAL HOSPICE PROGRAM, THE DEPARTMENT SHALL PROVIDE A WRITTEN
- 5 EXPLANATION AS TO THE REASON THE APPLICATION FOR CERTIFICATION WAS
- 6 REJECTED.
- 7 (C) POST ON THIS STATE'S WEBSITE, IN A PRINTABLE FORMAT, A
- 8 LIST OF HOSPICES IN THIS STATE THAT HAVE BEEN CERTIFIED BY THE
- 9 DEPARTMENT FOR PROVIDING PERINATAL HOSPICE CARE.
- 10 (2) AS USED IN THIS SECTION:
- 11 (A) "LIFE-LIMITING CONDITION" MEANS THAT TERM AS DEFINED IN
- 12 SECTION 17019.
- 13 (B) "PERINATAL HOSPICE CARE" MEANS COMPREHENSIVE MEDICAL AND
- 14 SUPPORTIVE CARE TO A PREGNANT WOMAN AND HER FAMILY THAT INCLUDES
- 15 SUPPORT FROM THE TIME OF DIAGNOSIS OF A LIFE-LIMITING CONDITION
- 16 THROUGH THE TIME OF BIRTH AND DEATH OF THE CHILD. PERINATAL HOSPICE
- 17 CARE INCLUDES, BUT IS NOT LIMITED TO, CARE BY MATERNAL-FETAL
- 18 MEDICAL SPECIALISTS, OBSTETRICIANS, NEONATOLOGISTS, ANESTHESIA
- 19 SPECIALISTS, CLERGY, SOCIAL WORKERS, AND SPECIALTY NURSES.